

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001713

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: TUESDAYS ANGELS, INC.

## Current Principal Place of Business:

2545 E SUNRISE BLVD  
FT. LAUDERDALE, FL 33304 US

## New Principal Place of Business:

## Current Mailing Address:

2545 E SUNRISE  
PMB 139  
FT. LAUDERDALE, FL 33304 US

## New Mailing Address:

FEI Number: 65-0409104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLLS, CHARLES  
2894 NE 27TH STREET  
FORT LAUDERDALE, FL 33306 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NICHOLLS, CHARLES A  
Address: 2894 NE 27TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: T ( ) Delete  
Name: WILBER, EDWARD  
Address: 3200 PORT ROYAL DR N #506  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: HOPKINS, PEYTON S  
Address: 2200 NE 37TH ST.  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: V ( ) Delete  
Name: ROSS, MICHAEL DR  
Address: 6510 NE 21ST TERR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete  
Name: RAMOS, JOHN  
Address: 2600 SEA ISLAND DR  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: S (X) Delete  
Name: COLLIER, ROBERT L DR  
Address: 2628 NE 37TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MICHAEL, DEPAULA  
Address: 1960 NW 33 CT  
City-St-Zip: OAKLAND PARK, FL 33309

Title: S (X) Change ( ) Addition  
Name: OLGATI, SANDRO  
Address: 3020 NE 58 ST  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DEPAULA

T

04/06/2005

Electronic Signature of Signing Officer or Director

Date